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Bib Data Sheet

CONFIRMATION NO. 1244

|  |   |                               |   |                                       |
|--|---|-------------------------------|---|---------------------------------------|
| <b>SERIAL NUMBER</b><br>09/718,997   | <b>FILING DATE</b><br>11/22/2000<br><b>RULE</b>   | <b>CLASS</b><br>705           | <b>GROUP ART UNIT</b><br>2165   | <b>ATTORNEY DOCKET NO.</b><br>6686-15 |
| <b>APPLICANTS</b><br>Bradley L. Gotfried, Hobe Sound, FL;  |   |                               |   |                                       |
| <b>** CONTINUING DATA *****</b>  |   |                               |   |                                       |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                               |   |                                       |
| <b>IF REQUIRED, FOREIGN FILING LICENSE</b><br><b>GRANTED ** 03/22/2001</b>   |   |                               |   |                                       |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials |   | <b>STATE OR COUNTRY</b><br>FL | <b>SHEETS DRAWING</b><br>12   | <b>TOTAL CLAIMS</b><br>56             |
|  |   |                               | <b>INDEPENDENT CLAIMS</b><br>2  |                                       |
| <b>ADDRESS</b><br>AKERMAN, SENTERFITT & EIDSON, P.A.<br>Esperante Building, Suite 400<br>222 Lakeview Avenue<br>Post Office Box 3188<br>West Palm Beach, FL 33402-3188   |   |                               |   |                                       |
| <b>TITLE</b><br>Real estate transaction method and system  |   |                               |   |                                       |
| <b>FILING FEE RECEIVED</b><br>679  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                       |